07673

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A.A.Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland Beach
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE V 48 3 COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 1005 - Irving St., N.W.

3. NAME OF DECEASED (Type or Print) (First) WALLACE (Middle) PRESTON (Last) Abbott Jr.
4. DATE OF DEATH (Month) 8 (Day) 4 (Year) 1953

5. SEX M.
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10-11-21
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY U. S. Gov. Emp.
11. BIRTHPLACE (State or foreign country) Brentwood, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wallace P. Abbott, Sr.
14. MOTHER'S MAIDEN NAME Susie Mae Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Thelsa T. Abbott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850.8
Immediate cause (a) Drowning -

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) BAY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) 8 (Day) 4 (Year) 53 (Hour) P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Row Beat - turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. Kim Leedt (Degree or title) MD ADDRESS Annapolis Maryland DATE SIGNED 8/8/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-11-53
NAME OF CEMETERY OR CREMATORY Arlington Natl. Cemetery
LOCATION (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REG. August 8, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Robert G. McGuire ADDRESS 1820-9th St. N.W. Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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07674

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10
LENGTH OF STAY (in this place)
HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~ A.A. General 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10
STREET ADDRESS (If rural give location) 122 O'Berry Court

3. NAME OF DECEASED: (Type or Print) (First) HESTER (Middle) (Last) ALLEN

4. DATE OF DEATH: (Month) 8 (Day) 11 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH: 2-7-1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Annapolis Neck, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Simms
14. MOTHER'S MAIDEN NAME: Mary Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: John Grees - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260+

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset And Death: 1st day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis — 1st yr.

DUE TO (c) Diabetes Mellitus — 1st yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8/10, 1953, to 8/11, 1953, that I last saw the deceased alive on 8/11, 1953 and that death occurred at 5:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank M Shipley M.D. ADDRESS Annapolis, Md. DATE SIGNED 8/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-14-53
NAME OF CEMETERY OR CREMATORY Brewer Hill
LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR JG 14 Dec'd
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR William Reese II - 108 St. Washington St. Annapolis, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 17675

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY A A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 10
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10
STREET ADDRESS (If rural give location) Defense Highway

3. NAME OF DECEASED: (Type or Print) (First) Prudence (Middle) Matilda (Last) Alton

DATE OF DEATH: (Month) Aug (Day) 3 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 24-1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Frederick Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Harry W Lambright
14. MOTHER'S MAIDEN NAME: Lily Wisner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT'S ADDRESS: Maurice T Alton Annapolis Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 Immediate cause	(a) Myocarditis Chr. with Myocardial	3 yrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hemiplegia	Several yrs.
(260X)	DUE TO (c) Generalized Arterio Sclerosis	Several yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	Several yrs.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to Aug 3, 1953, that I last saw the deceased alive on Aug 3, 1953, and that death occurred at 1145 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C Basil MD ADDRESS Annapolis Md DATE SIGNED 8-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8-6-1953 NAME OF CEMETERY OR CREMATORY Edwards Chapel LOCATION (City, town, or county) Parole (State) Md

DATE REC'D BY LOCAL REGISTRAR August 6, 1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR John M. Layton Sons ADDRESS Annapolis Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07676

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel County MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Andover X
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nursery & Andover Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Andover X
STREET ADDRESS (If rural give location) Nursery & Andover Rd.

3. NAME OF DECEASED: (Type or Print) (First) Elaine (Middle) H. (Last) Barrett
4. DATE OF DEATH: (Month) 8 (Day) 27 (Year) 1953
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 2/11/1914
9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Penna 35
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Steve Perschedley
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Samuel M. Barrett 3301 Ridgewood Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Carcinoma of cervix

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death — —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/21, 1953, to 8/27, 1953, that I last saw the deceased alive on 8/27, 1953 and that death occurred at 1PM, from the causes and on the date stated above.

SIGNATURE Paul Schofield (Degree or title) ADDRESS 2301 Annapolis Rd DATE SIGNED 8/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/31/53
NAME OF CEMETERY OR CREMATORY Slate Ridge Cem
LOCATION (City, town, or country) Slate Ridge Pa (State)
DATE REC'D BY LOCAL REGISTRAR 8/28/53
REGISTRAR'S SIGNATURE A. W. Hedrick M.H.
24. FUNERAL DIRECTOR John J. Cowan & Son ADDRESS 901 Hollins St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magothy Manor
LENGTH OF STAY (In this place) 6 hrs X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Magothy River X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Bucks V 35-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croydon
STREET ADDRESS (If rural, give location) 907 - New York Ave.

3. NAME OF DECEASED (Type or Print) (First) Glenn (Middle) Paul (Last) Bartz.
4. DATE OF DEATH (Month) Aug. (Day) 8 (Year) 1953

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Single
8. DATE OF BIRTH 5/12/51
9. AGE last birthday 2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Trenton, - N. J. 57
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WILLIAM - BARTZ
14. MOTHER'S MAIDEN NAME ANNA. WILKIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mr. Wm. Bartz - (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental drowning — Sudden.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Magothy River - (CITY OR TOWN) Magothy Manor. (COUNTY) A. A. (STATE) Md.
TIME OF INJURY (Month) 8/8/53 (Day) (Year) 7 P. (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Drowning.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Faubert M.D. (Degree or title) Deputy Medical Examiner ADDRESS Glen Burnie, Md. DATE SIGNED 8/8/53.

23. BURIAL, CREMATION OR MOVAL (Specify) Burial
DATE THEREOF Aug 11 53
NAME OF CEMETERY OR CREMATORY Croydon
LOCATION (City, town, or county) Croydon (State) Penna

DATE REC'D BY LOCAL REG. Aug 9, 1953
REGISTRAR'S SIGNATURE L J D'Alba.
24. FUNERAL DIRECTOR Bernard A Fink ADDRESS Glen Burnie Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 15
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Davidsonville X
STREET ADDRESS (If rural give location) Davidsonville Post Office

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) ANN (Last) Bassford.

4. DATE OF DEATH: (Month) (Day) (Year) August 7, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Jan. 8, 1885

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Prince George County, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CLINTON BEALL

14. MOTHER'S MAIDEN NAME: MARY E STOCKETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) -- (If Yes, give war or dates of service) - - - --

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs John H. Lowman Daughter same as #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Chronic heart failure — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) generalized arteriosclerotic vascular disease

DUE TO

(c)

422.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10, 1953, to 8-7, 1953, that I last saw the deceased alive on 8-7, 1953, and that death occurred at 3:40 P.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title) Emily H. Wilson, M.D. — ADDRESS Lothian, Md — DATE SIGNED 8-8-53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF August 10, 1953 — NAME OF CEMETERY OR CREMATORY Davidsonville Meth. Cemet — LOCATION (City, town, or county) (State) Davidsonville, Md.

DATE REC'D BY LOCAL REGISTRAR August 10, 1953 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR — ADDRESS Ben L. Hopping and Son — Annapolis, Md.

VS.-A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mayo
STREET ADDRESS (If rural give location) ~~Mayo Park~~ Edgewater, P.O.

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) ELIZABETH (Last) BEHLKE

4. DATE OF DEATH: (Month) AUGUST (Day) 1, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 27 1881

9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Mayo, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Brady

14. MOTHER'S MAIDEN NAME: Mary Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ---
(If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mr. John O. Behlke Son Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) DUE TO Cardiac rupture — Interval Between Onset And Death: 1 hr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Myocardial Infarction acute — 1 hr.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1 1951, to Aug 1, 1953, that I last saw the deceased alive on 8-1-1953, and that death occurred at 12 40 PM from the causes and on the date stated above.
SIGNATURE James R. Martin (Degree or title) M.D. ADDRESS Annapolis, Md. DATE SIGNED 8-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF August 4 53
NAME OF CEMETERY OR CREMATORY Mayo Memorial Cemetery
LOCATION (City, town, or county) Mayo, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 3, 1953
REGISTRAR'S SIGNATURE J. O. Brand

21. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

VS-A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: City Dock X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 47 Calvert

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) (Last) BIAS

4. DATE OF DEATH: (Month) August (Day) 3, (Year) 1953

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 12-30-1901

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Deale, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James J. Bias

14. MOTHER'S MAIDEN NAME: Louise Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 219-01-9945

17. INFORMANT AND ADDRESS: Louise J. Bias - Deale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850.8 **Immediate cause** (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: river — (CITY OR TOWN): Annapolis — (COUNTY): Anne Arundel — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 8-3-53 m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? fell from boat into water while intoxicated

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* , *Inquiry* *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes* , *accident* X, *suicide* , *homicide* , *undetermined* .

Partial

SIGNATURE (Degree or title): William Hoyt — ADDRESS: Assistant Medical Examiner, 700 Fleet St., Balto. 2, Md. — DATE SIGNED: 8-4-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 7, 1953 — NAME OF CEMETERY OR CREMATORY: Union Chapel — LOCATION (City, town, or county): Friendship Landing, Md. (State)

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: William Reese — ADDRESS: 108 N. Washington St. Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS 16
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. GENERAL Hosp. 70

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY AA.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARNOLD PO. × X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Gill (Last) Bloss.
4. DATE OF DEATH: (Month) Aug (Day) 22 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: Aug 20, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ANNAPOLIS Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE W. BLOSS
14. MOTHER'S MAIDEN NAME: BEATRICE P. HARE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 —
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: GEORGE W. BLOSS ARNOLD Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4

Immediate cause (a) Acute dilatation heart + Cardiac insufficiency
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Congenital heart disease
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aspiration pneumonia

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE D. M. Christkell Jr. (Degree or title) MD ADDRESS 64 Franklin DATE SIGNED 8/22/53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify)
DATE THEREOF Aug 23, 1953
NAME OF CEMETERY OR CREMATORY HILLCREST
LOCATION (City, town, or county) ANNAPOLIS (State) Md.

DATE REC'D BY LOCAL REGISTRAR August 23, 1953
REGISTRAR'S SIGNATURE [signature] B.W.
24. FUNERAL DIRECTOR John M. TAYLOR & SONS ADDRESS ANNAPOLIS, MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Harriett (Middle) Estep (Last) Bowie
4. DATE OF DEATH: (Month) 8 (Day) 19 (Year) 1953
5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov 19th 1871
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Lothian A A Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Richard S. Estep
14. MOTHER'S MAIDEN NAME: Harriett Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: E. Lansdale Bowie Lothian A A Co Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

900.0

Immediate cause (a) Uremia — Interval Between Onset And Death: 4-5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis — 7 Tyrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes M. Fractured Hip

19a. DATE OF OPERATION: 8/10/53
19b. MAJOR FINDINGS OF OPERATION: Fr. femoral neck rt. oblique impacted
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Lothian (COUNTY) A A (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 10 (Year) 53 (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☑
HOW DID INJURY OCCUR? Fell down kitchen steps

22. I hereby certify that I attended the deceased from 8/12/1953, to 8/19, 1953 that I last saw the deceased alive on 8/19, 1953, and that death occurred at 2:30 pm, from the causes and on the date stated above.

SIGNATURE Frank M Shipley (Degree or title) M.D. ADDRESS Annapolis DATE SIGNED 8/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8-21-53 NAME OF CEMETERY OR CREMATORY St James LOCATION (City, town, or county) Lothian (State) Md

DATE REC'D BY LOCAL REGISTRAR August 21, 1953 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

RECEIVED
AUG 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY A.A. Co. — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place) — HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~ A.A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A.A. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park — STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED (Type or Print): (First) CAROLYN (Middle) Sedgwick (Last) BROWN

4. DATE OF DEATH: (Month) 8 (Day) 8 (Year) 1953

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 1-6-1930

9. AGE last birthday: 23 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Severna Park, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Horace Sedgwick

14. MOTHER'S MAIDEN NAME: Ida Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Ida Sedgwick, Mama

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

E19X

Immediate cause (a) Crushing injury to Chest

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Fracture Skull — Compound Fracture R. Clavicle

(c) Compound Fracture R. Knee

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway — (CITY OR TOWN) — (COUNTY): AACo — (STATE): MD

TIME OF INJURY (Month) (Day) (Year) (Hour): 8 7 53 P m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) MD — ADDRESS Annapolis Md — DATE SIGNED 8/8/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Aug. 11 1953 — NAME OF CEMETERY OR CREMATORY: Town Neck — LOCATION (City, town, or county) (State): Town Neck, Md.

DATE REC'D BY LOCAL REG.: Aug. 11, 1953 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR: William Reese II — ADDRESS: 108 W. Washington St. Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place) 10; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater; STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Henson (Middle) (Last) Brown

4. DATE OF DEATH: (Month) 8 (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: 5-8-1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): A. A. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henson Brown

14. MOTHER'S MAIDEN NAME: Lottie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 2

17. INFORMANT & ADDRESS: Estella Bias-Crownsville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.9 Immediate cause (a) Auricular Fibrillation & Congestive Failure — Interval Between Onset And Death 24 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — unknown

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — unknown

19a. DATE OF OPERATION: D

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Aug 1953, to 26 Aug 1953, that I last saw the deceased alive on 26 Aug 1953 and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward H. Beck M.D. ADDRESS 4 Southgate Ave Annapolis DATE SIGNED 8/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 8-29-53; NAME OF CEMETERY OR CREMATORY Carpenters Hill Round Bay; LOCATION (City, town, or county) (State) Md.

DATE REC'D BY LOCAL REGISTRAR August 29, 1953; REGISTRAR'S SIGNATURE J. [illegible]

24. FUNERAL DIRECTOR ADDRESS William Reese & Son 108 W. Washington St. Annapolis, Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Crownsville
LENGTH OF STAY (in this place) 1 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. ~~Okky~~ Maryland — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1743 N. Carey

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Brown
4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	C	M	1892	61 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Cemet Finisher
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Un known
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Crownsville State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
443X Immediate cause	(a) Generalized Arteriosclerosis	known to us
DUE TO		since adm.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b)	
DUE TO		
	(c) Hypertensive Cardiovascular disease	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1953, to Aug. 30, 1953, that I last saw the deceased alive on Aug. 30, 1953, and that death occurred at 2:15 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold H. Sichert, M.D.
ADDRESS: Crownsville, Md.
DATE SIGNED: 8/30/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept. 2, 1953
NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk.
LOCATION (City, town, or county) (State): Baltimore Co. Md.
DATE REC'D BY LOCAL REGISTRAR: 9/2/53
REGISTRAR'S SIGNATURE: Q W Hammond
24. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 Druid Hill Ave.

VS. A15.

51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

1. PLACE OF DEATH: COUNTY A A MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Herold Harbor X

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A A

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Herold Harbor X

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Henrietta (Middle) (Last) Carr

4. DATE OF DEATH (Month) 8 (Day) 23 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept 28-1892

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): ~~Washington~~ Prince Geo. Co. Md. D.E.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman Schreiner

14. MOTHER'S MAIDEN NAME: ~~[illegible]~~ LOUELLA HAIGHT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: James Schreiner 3222 Wis Ave Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary disease — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE E. Kuhaidt M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8/24/53

23. ~~BURIAL, CREMATION, REMOVAL (Specify)~~: BURIAL

DATE THEREOF 8-26-53

NAME OF CEMETERY OR CREMATORY Washington Mal. Cem.

LOCATION (City, town, county) (State) ~~Washington~~ Prince Geo. Co. Md. D.E.

DATE REC'D BY LOCAL REG. August 24, 1953

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1

RECEIVED
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EAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge, Md. 09.13.2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Dollie (Middle) (Last) Cornish
4. DATE OF DEATH: (Month) 8 (Day) 12 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 1912
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Fred Cornish
14. MOTHER'S MAIDEN NAME: Mary Jane Farman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death 7

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tbc.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ——
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ——
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 3, 1952, to 8-12, 1953, that I last saw the deceased alive on 8-12, 1953, and that death occurred at 2:30 Pm, from the causes and on the date stated above.

SIGNATURE Faye W. Allen (Degree or title) M.D. ADDRESS 10 Carroll St DATE SIGNED 8-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF aug-77 NAME OF CEMETERY OR CREMATORY old field LOCATION (City, town, or county) (State) Cambridge, Md. Dorchester

DATE REC'D BY LOCAL REGISTRAR 12-14-53 REGISTRAR'S SIGNATURE H M Jones
24. FUNERAL DIRECTOR Dewey H Baynham ADDRESS 201 Washington St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 19 [illegible]3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 1
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Gen Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 10
STREET ADDRESS (If rural give location) 1133 Eastport Terrace

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Albert (Last) Crosby

4. DATE OF DEATH: (Month) Aug (Day) 29 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: July 25, 1903

9. AGE last birthday: 50 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): A. A. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard E. Crosby

14. MOTHER'S MAIDEN NAME: Sarah C. Stallings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

590X

Immediate cause (a) Acute Nephritis with — Interval Between Onset And Death: 3 mnths

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) uremia

DUE TO

(c) Ex foliative Dermatitis Etiology — 7 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. undetermined

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 7, 1951, to Aug 29, 1953, that I last saw the deceased alive on Aug 29, 1953, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE George L Basil (Degree or title) M.D. ADDRESS Annapolis Md DATE SIGNED 8.31-53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) — DATE THEREOF 9-5-53 — NAME OF CEMETERY OR CREMATORY Cedar Bluff — LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR August 31, 1953

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John M. Taylor Son — ADDRESS Annapolis Md.

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2

M

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville X
LENGTH OF STAY (in this place) 7 yrs. 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Savage Md 13X 2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) (Last) Curry, Jr.
4. DATE OF DEATH: (Month) 8 (Day) 24 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 6/28/29
9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR: Months – Days – IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Benjamin Curry
14. MOTHER'S MAIDEN NAME: Clara Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) – – –
16. SOCIAL SECURITY No.: – – –
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause (a) Bilateral Pneumonia
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 – – –
19b. MAJOR FINDINGS OF OPERATION –
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) – – –
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) – – (CITY OR TOWN) – – – – – – – – – (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) – – – – – – – m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? – – – – – – – – – – –

22. I hereby certify that I attended the deceased from 2/1/ ,19 53, to 8/24 , 19 53, that I last saw the deceased alive on 8/24, 19 53, and that death occurred at 5:15 a.m. from the causes and on the date stated above.

SIGNATURE Arnold H. Eichert (Degree or title) M.D. ADDRESS Crownsville, Md. DATE SIGNED 8/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/26/53
NAME OF CEMETERY OR CREMATORY Snells Cemetery
LOCATION (City, town, or county) Colesville Near Laurel (State) Md
DATE REC'D BY LOCAL REGISTRAR Aug 26-53
REGISTRAR'S SIGNATURE Clara Laslup
24. FUNERAL DIRECTOR Ridgley Selby
ADDRESS 401 Wash Ave Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Market Space

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 4 Market Space

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) A. (Last) Curtis
4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1953

5. SEX Male | 6. COLOR OR RACE White | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~. (Specify) | 8. DATE OF BIRTH 8-17-1891 | 9. AGE last birthday 61 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Founder | 10b. KIND OF BUSINESS OR INDUSTRY Metal Work | 11. BIRTHPLACE (State or foreign country) Louisiana | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Mrs. Margaret E. Curtis Same as Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Disease — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Faith (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED 8/3/53

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) | DATE THEREOF 8-4-1953 | NAME OF CEMETERY OR CREMATORY St. Anne's | LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. Aug. 3, 1953 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR John H. Layton & Sons ADDRESS Annapolis, Md.

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BUREAU V. S.

Items 7, 11, 13, 14 - Filed 8158 - 9/15/53 mmd

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY PG — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland Beach — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bay Ridge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. — COUNTY Va.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Wiley	A	Davis SR	8	4	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	married	12-2-03	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
operator	motion pictures	Rocky Mount N.C.	U.S.A.

13. FATHER'S NAME: Wiley A. Davis Sr.
14. MOTHER'S MAIDEN NAME: Hattie Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
	577-09-8442	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850.8 **Immediate cause** (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Bay	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? Row boat turned over		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy/Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	MD	Annapolis Md	8/7/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8/7/53		Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 7, 1953	[signature]	Frazier's Funeral Home	389 Rhode Island Ave, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A154

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BUREAU V. S.

Items 11-14 Film G158 9/14/53 mnt

Items 2-1_-17- Film G157
8/28/53 dmr.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY NINI-ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hiland Beach. X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bay Ridge, Md. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY V 48 3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS 1913 (If rural give location) 1900 Kenney St. N.E.

3. NAME OF DECEASED (Type or Print) (First) EARL (Middle) LOUIS (Last) DAWSON
4. DATE OF DEATH (Month) 8 (Day) 4 (Year) 1953
5. SEX M.
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 7-9-1920
9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D.C. 48
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Mr. Randolph Dawson
14. MOTHER'S MAIDEN NAME Erthaline
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs. Lucile J. Dawson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Raw fish turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE Chas Lauff (Degree of title) ADDRESS Chingoteague Md DATE SIGNED 8/7/53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8-7-53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Washington, D.C. (State)
DATE REC'D BY LOCAL REG. Aug. 7, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Robert G. McGuire ADDRESS 1820-9th St N.W. Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

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RECEIVED
AUG 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 15
HOSPITAL OR INSTITUTION OR STREET ADDRESS 800 Bancker Ave X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 02-10
STREET ADDRESS (If rural give location) 800 Bancker Ave.

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) E. (Last) DEFINBAUGH

4. DATE OF DEATH: (Month) Aug (Day) 8 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: March 9, 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Definbaugh

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ?

16. SOCIAL SECURITY No.: 213-16-9990

17. INFORMANT & ADDRESS: Mrs. Susan A. Definbaugh 800 Bancker Ave Annapolis MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4200

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death: 5 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis — 1 year

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy — 5 yrs

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Aug. 8, 1953, that I last saw the deceased alive on Aug. 8, 1953, and that death occurred at 10 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Carl C. Bosil M.D. Annapolis md 8-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Aug 11 1953 NAME OF CEMETERY OR CREMATORY Edwards Chapel LOCATION (City, town, or county) (State) A.A.Co. Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 11, 1953 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS John M. Taylor Son Annapolis Md.

VS-A16

RECEIVED
AUG 1 9
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Edgewater
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) EDNA (Middle) R. (Last) DUDLEY

4. DATE OF DEATH: (Month) Aug. (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/30/91

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Homemaker - own home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lemuel C. Richards

14. MOTHER'S MAIDEN NAME: Emma Scoggins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Richard W. Dudley, 9719 Dilston Road Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset And Death: 1-2 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive Cardio-Vascular Disease — Unknown.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Aug, 1953, to 15 Aug, 1953, that I last saw the deceased alive on 15 Aug, 1953, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edward A Beck MD — ADDRESS: 41 Southgate Ave Annapolis — DATE SIGNED: 8-15-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/18/53 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Prince Geo. Co., Maryland

DATE REC'D BY LOCAL REGISTRAR: 8-18-53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Warner & Dunphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

RECEIVED
AUG 25 19
BUREAU V. S.

CERTIFICATE FOR MEDICAL EXAMINER APPROVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade; LENGTH OF STAY (in this place) 10 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL	STREET ADDRESS (If rural, give location) 3105 Hamilton Avenue

3. NAME OF DECEASED (Type or Print)	(First) Robert	(Middle) Lee	(Last) Eiser Jr.	4. DATE OF DEATH	(Month) August (Day) 12 (Year) 1953
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 2 August 53	9. AGE last birthday yrs.	If under 1 year Months / Days 10; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY –	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Robert Lee Eiser		14. MOTHER'S MAIDEN NAME Elizabeth Louise Holder			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no; (If yes, give war or dates of service) –	16. SOCIAL SECURITY NO. –	17. INFORMANT AND ADDRESS Robert L. Eiser, 3105 Hamilton Ave. Baltimore, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
756.1 Immediate cause	(a) Cardiorespiratory failure	3 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) malrotation of intestine; absence congenital, lower abdominal wall; imperforate anus	10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8-2-53 @ 8-5-53	19b. MAJOR FINDINGS OF OPERATION Absence, congenital, lower abdominal wall, malrotation of intestinal lead, imperforate anus	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2, 1953, to 8-12, 1953, that I last saw the deceased alive on 8-11, 1953, and that death occurred at 0530 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. Myers, M. D.		Ft Geo G Meade, Md.	8-12-53

23. BURIAL, CREMATION REMOVAL (Specify) removal	DATE THEREOF 13 Aug 53	NAME OF CEMETERY OR CREMATORY Armed Forces Institute of Pathology	LOCATION (City, town, or county) Washington (State) D.C.
DATE REC'D BY LOCAL REG. 14 Aug 53	REGISTRAR'S SIGNATURE T. A. GORDON, CWO, USA	24. FUNERAL DIRECTOR –	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
AUG 17 1953
BUREAU V. S.

Item 18 Film G157 9-10-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL, OR and give nearest town) TOWN Wiems Creek
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A A
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Wiems Creek
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Reid (Last) Ellershaw

4. DATE OF DEATH (Month) 8 (Day) 23 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) Married

8. DATE OF BIRTH: 1-11-1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pri Geo Co Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles J. Reid

14. MOTHER'S MAIDEN NAME: Minna Berger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Robert B. Ellershaw Wiems Creek Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

163 X.

Immediate cause (a) DUE TO Generalized Carcinomatosis — Interval Between Onset and Death 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO Primary site: Colon

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED

23. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (Specify): DATE THEREOF 8-25-53 NAME OF CEMETERY OR CREMATORY Ft Lincoln LOCATION (City, town, or county) (State) Pri Geo Co Md.

DATE REC'D BY LOCAL REG. August 24, 1953 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John H. Taylor Sons ADDRESS Annapolis Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 26 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PASADENA P.O. X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ASBURY + CREEK RDS. X RIVIERA BEACH, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. — COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PASADENA X P.O. RIVIERA BEACH
STREET ADDRESS (If rural give location) ASBURY + CREEK RDS.

3. NAME OF DECEASED; (Type or Print): (First) LILLIAN (Middle) MAY (Last) ESCHENBACH

4. DATE OF DEATH: (Month) AUG (Day) 1, (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 12/31/1889

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY? ...

13. FATHER'S NAME: GEORGE HARRIS

14. MOTHER'S MAIDEN NAME: UNKNOWN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: MR. M.R. ESCHENBACH, RIVIERA BEACH, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) CORONARY THROMBOSIS — IMMEDIATE

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) CORONARY SCLEROSIS — 2 YEARS

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BRONCHIAL ASTHMA — 10 YEARS

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL ..., 1953, to AUG. 31, 1953, that I last saw the deceased alive on Aug. 20, 1953, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

J. Brady Smith M.D. — RIVIERA BEACH, MD. — 8/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 8/3/1953 — NAME OF CEMETERY OR CREMATORY: OAK LAWN — LOCATION (City, town, or county) (State): EASTERN AVE.

DATE REC'D BY LOCAL REGISTRAR: 8-3-53 — REGISTRAR'S SIGNATURE: A.W. Hedrick M.D.

24. FUNERAL DIRECTOR — ADDRESS: JOHN F. DENNY, INC. 715 LIGHT ST. BALTIMORE-30, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 204 Gloucester St.

3. NAME OF DECEASED: (Type or Print) (First) L. (Middle) Trail (Last) Fauble

4. DATE OF DEATH (Month) August (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify):
8. DATE OF BIRTH: August 16, 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Clerk of Court
10b. KIND OF BUSINESS OR INDUSTRY: County Government
11. BIRTHPLACE (State or foreign country): Annapolis, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Phillip Fauble
14. MOTHER'S MAIDEN NAME: Mary Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Bernard Brady, Jr. Annapolis, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
163X
Immediate cause (a) Carcinoma of the lung with metastases to liver
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 1 month

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 July, 1953, to 16 Aug, 1953, that I last saw the deceased alive on 16 Aug, 1953, and that death occurred at 5:25 AM (16 Aug 53), from the causes and on the date stated above.
SIGNATURE Donald H. Key (Degree or title) M.D. ADDRESS 90 Cathedral St. Annapolis, Md DATE SIGNED 17 Aug 53

23. BURIAL, ~~CREMATION,~~ ~~REMOVAL (Specify)~~ DATE THEREOF 8-19-1953 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR August 19, 1953 REGISTRAR'S SIGNATURE [signature] B.W.
24. FUNERAL DIRECTOR John M. Taylor & Sons ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis (Parole); STREET ADDRESS (If rural, give location) 1942 West Street

3. NAME OF DECEASED (Type or Print): (First) Edna; (Middle); (Last) Goldsborough

4. DATE OF DEATH: (Month) 8; (Day) 11; (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1/26/1901

9. AGE last birthday: 42 yrs. If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Lane

14. MOTHER'S MAIDEN NAME: Susie Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No (If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hamilton Goldsborough-1942 West St. Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary Edema — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchogenic Carcinoma — 3 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ?

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10/53, to 8/11/53, that I last saw the deceased alive on 8/11/53, and that death occurred at 12 30 PM m., from the causes and on the date stated above.

SIGNATURE: Frank M Shuffly (Degree or title) M.D. ADDRESS: Annapolis DATE SIGNED: 8/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8/14/1953

NAME OF CEMETERY OR CREMATORY: Brewer Hill Cemetery

LOCATION (City, town, or county) (State): West St. Annapolis, Md.

DATE REC'D BY LOCAL REG.: Aug. 13, 1953

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Ethel L. Hicks

ADDRESS: 45 Northwest St. Annapolis Md.

RECEIVED
AUG 14
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 10 | LENGTH OF STAY (In this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS 36 Johnson X St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY A.A | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Md. 1 | STREET ADDRESS (If rural, give location) 36 Johnson St.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Oliver (Last) Gross

4. DATE OF DEATH: (Month) Aug (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar. 26 1884

9. AGE last birthday: 69 yrs. | If under 1 year: Months 4 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired U.S.N.A. Bldg. Mtendundd

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): A.A Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Gross

14. MOTHER'S MAIDEN NAME: Francis Smothers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Louise Johnson, 36 Johnson St. Ann. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Disease — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 420.1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: E. Burkett | (Degree or Title) MD | ADDRESS Annapolis Md | DATE SIGNED 8/18/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Aug. 20, 1953 | NAME OF CEMETERY OR CREMATORY: Brewer Hill | LOCATION (City, town, or county) Annapolis, Md | (State)

DATE REC'D BY LOCAL REG. August 19, 1953 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR: T.B. Johnson, Annapolis, Md. | ADDRESS

VS. A15

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel R.F.D. X — LENGTH OF STAY (in this place): 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel R.F.D. X
STREET ADDRESS (If rural, give location): Near Laurel Race Track

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ROBERT ANTHONY HANDLEN
4. DATE OF DEATH (Month) (Day) (Year): Aug 9 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov 28 1863
9. AGE last birthday: 89 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Horse Groomer
10b. KIND OF BUSINESS OR INDUSTRY: Race Track
11. BIRTHPLACE (State or foreign country): England 56
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Handlen
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Unknown
16. SOCIAL SECURITY No.: 218-14-8506
17. INFORMANT AND ADDRESS: Augusta ~~Hughes~~ Hulg Laurel R.F.D. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertension Heart Disease — 8 mo.

443X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/31, 1952, to 8/9, 1953, that I last saw the deceased alive on 8/9, 1953, and that death occurred at 9 a m., from the causes and on the date stated above.

SIGNATURE: N B Stewart — (Degree or title) — ADDRESS: 314 Compton ave Laurel Md — DATE SIGNED: 8/11/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Aug 12 1953 — NAME OF CEMETERY OR CREMATORY: Cry Hill — LOCATION (City, town, or county): Laurel — (State): Md

DATE REC'D BY LOCAL REG.: Aug 11-53 — REGISTRAR'S SIGNATURE: Clara Haslufs — 24. FUNERAL DIRECTOR: Ridgley Selby — ADDRESS: 401 Wash ave Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Odenton X
LENGTH OF STAY (in this place) 20 yrs. X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Odenton Road & Third Ave X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton X X
STREET ADDRESS (If rural give location) Odenton Road & Third Ave

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) L. (Last) Hann

4. DATE OF DEATH: (Month) August (Day) 23, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 9 February 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework (Ret.)

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Denny

14. MOTHER'S MAIDEN NAME: Alice Rumney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Catherine O'Malley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Hypertensive Cardio-Vascular Disease DUE TO

Interval Between Onset And Death: 6 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1946, to Aug. 25, 1953, that I last saw the deceased alive on Aug 23, 1953, and that death occurred at 10:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward J. Chenett M.D. ADDRESS 62 Maryland DATE SIGNED Aug 27, 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug 28, 1953 NAME OF CEMETERY OR CREMATORY Glen Haven LOCATION (City, town, or county) Glen Burnie (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug 28. 1953 REGISTRAR'S SIGNATURE L. J. D'Alba

24. FUNERAL DIRECTOR T. C. Singleton ADDRESS Glen Burnie, Md.

VS. A15

RECEIVED
SEP 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville X
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 1631 Mulberry Street

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) Boardley (Last) Henry.

4. DATE OF DEATH: (Month) 8 (Day) 27 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH: 1/25/09

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Sewing Mach. Oper.

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Joseph Boardley

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) - - -

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset And Death: 8 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Probable cardiac failure — about 12 hours

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy — Unknown

19a. DATE OF OPERATION: - - - - -

19b. MAJOR FINDINGS OF OPERATION - - - - - - - - - - - - - - - - - -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - - - - -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - - - -

(CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - - - - - - - - - -

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 8/15, 1953, to 8/27, 1953, that I last saw the deceased alive on 8/27, 1953, and that death occurred at 12:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert M.D — ADDRESS Crownsville, Md. — DATE SIGNED 8/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/30/53 — NAME OF CEMETERY OR CREMATORY Mt Calvary Cem — LOCATION (City, town, or county) (State) A. A. Co., Md

DATE REC'D BY LOCAL REGISTRAR 8/28/53 — REGISTRAR'S SIGNATURE A. W. Hedrick M.D.

24. FUNERAL DIRECTOR Isaiah L. Brown & Son — ADDRESS 108 W. Montgomery St

VS: A45

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
STREET ADDRESS (If rural give location) 11 Bloomsbury Sq.

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) Roland (Last) Hopkins

4. DATE OF DEATH: (Month) 8 - (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (write) Married

8. DATE OF BIRTH: 3-24-1921

9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brooklyn Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roland Hopkins

14. MOTHER'S MAIDEN NAME: Edna Pepstock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) World War II

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Roland Hopkins Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Tuberculosis —

DUE TO

(c) Acute Gonorrhea Ex Tenitis — 9 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug. 19 53

19b. MAJOR FINDINGS OF OPERATION Acute Gonorrhea Ex Tenitis

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/19/53, to 8/28/53, that I last saw the deceased alive on 8/28/53, and that death occurred at 1:20 PM, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS [illegible] Md DATE SIGNED 8/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8-31-53 NAME OF CEMETERY OR CREMATORY National LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR August 31, 1953 REGISTRAR'S SIGNATURE [signature] O. Howard

24. FUNERAL DIRECTOR John M. Sayles Sons ADDRESS Annapolis Md.

RECEIVED
SEP 3
BUREAU V. S.

54

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn X
LENGTH OF STAY (in this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2 Box 175 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn X X
STREET ADDRESS (If rural give location) Route 2 Box 175

3. NAME OF DECEASED: (Type or Print) (First) Archie (Middle) Thomas (Last) Horton

4. DATE OF DEATH: (Month) August (Day) 26 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 26 April 1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter (ret.)
10b. KIND OF BUSINESS OR INDUSTRY: S.J. Anderson, Contractor
11. BIRTHPLACE (State or foreign country): Huntington, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Millard Horton
14. MOTHER'S MAIDEN NAME:

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Margaret Cook

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
163X
Immediate cause (a) Carcinoma Lung Rt.
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death 8 mos

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6, 1953, to 8-26, 1953, that I last saw the deceased alive on 8-20, 1953, and that death occurred at 12 30 P.M. from the causes and on the date stated above.

SIGNATURE Charles B. MacDonald (Degree or title) M.D. ADDRESS Glen Burnie, Md DATE SIGNED 8-26-53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF August 29 1953
NAME OF CEMETERY OR CREMATORY Glen Haven
LOCATION (City, town, or county) Glen Burnie (State) Md.
DATE REC'D BY LOCAL REGISTRAR Aug 29, 1953
REGISTRAR'S SIGNATURE L J D'Alba
24. FUNERAL DIRECTOR R V Singleton ADDRESS Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-3

2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General H.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural give location) 612 E. 7th St.

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Jacobs
4. DATE OF DEATH (Month) 8 (Day) 14 (Year) 1953
5. SEX M
6. COLOR OR RACE C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 2-19-1924
9. AGE last birthday 29 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY ?
11. BIRTHPLACE (State or foreign country) Richmond Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Isaacs Jacobs
14. MOTHER'S MAIDEN NAME Florence Jacobs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Lillie Mae Griffin Columbus, S.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture. Skull. — Sudden.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture. Tibia-Fibular. Bilateral.

(c)

8116X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) (COUNTY) A.A.Co (STATE) MD.
TIME OF INJURY (Month) 8 (Day) 14 (Year) 53 (Hour) P m. INJURY OCCURRED While at work ☐ Not while at work ☑ HOW DID INJURY OCCUR? Auto Accident c M.V.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. Reinhardt (Degree or title) MD ADDRESS Annapolis, Maryland DATE SIGNED 8/15/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 8-20-53 | NAME OF CEMETERY OR CREMATORY Mt. Pilgrim | LOCATION (City, town, or county) Eastover, S.C. (State)
DATE REC'D BY LOCAL REG. August 17, 1953 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR Wm Reese II 108 N. Wash. St. Annapolis, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Brooklyn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~H~~ 6 W. 11th Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE (BK.)
STREET ADDRESS (If rural give location) #6 W. 11th Ave.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) EDWARD (Last) JEFFERIES

4. DATE OF DEATH: (Month) 8 (Day) 3 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 12.11.63

9. AGE Last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY: INES CO.

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William

14. MOTHER'S MAIDEN NAME: Sophia Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Family - Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart failure - 1 — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

782.4

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia, marked

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1953, to Aug 3, 1953, that I last saw the deceased alive on Aug 3, 1953, and that death occurred at 12.30 a.m. from the causes and on the date stated above.

SIGNATURE Henry Cohen (Degree or title) MD ADDRESS 803 Cathedral St DATE SIGNED 8/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8.5.53 NAME OF CEMETERY OR CREMATORY Glen Haven LOCATION (City, town, or county) Balto. (State)

DATE REC'D BY LOCAL REGISTRAR 8/4/53 REGISTRAR'S SIGNATURE W. L. McGill

24. FUNERAL DIRECTOR J. L. Lacy ADDRESS 130 E. Fort Ave.

VS. A15

MARYLAND STATE DEPARTMRNT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade
LENGTH OF STAY (In this place) 2/12
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey; COUNTY Bergen
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Englewood
STREET ADDRESS (If rural, give location) 127 Sheffield Avenue

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Carl (Last) Johnson
4. DATE OF DEATH: (Month) August (Day) 11 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 1 October 1900
9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Officer
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Army
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles A. Johnson (Deceased)
14. MOTHER'S MAIDEN NAME: Marie Fahler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): 1921-1953
16. SOCIAL SECURITY NO.: -
17. INFORMANT AND ADDRESS: Marie Johnson (Mother) 127 Sheffield Ave, Englewood, New Jersey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 11 Aug....., 19....53 that I last saw the deceased alive on 11 Aug....., 19 53, and that death occurred at 0715 a.m., from the causes and on the date stated above.

SIGNATURE: Marc C. Winkelmann (Degree or title) Capt MC ADDRESS: U.S. Army Hospital, Ft Meade Md DATE SIGNED: 14 Aug 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 14 Aug 53
NAME OF CEMETERY OR CREMATORY: Arlington Natl Cemetery
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG'R: 14 Aug 53
REGISTRAR'S SIGNATURE: T. A. GORDON, C O, USA
24. FUNERAL DIRECTOR: William Cook, St Paul & Preston ADDRESS: Balto., Md.

RECEIVED
AUG 17
BUREAU V. S.

Film #G-158 Item No. 9 10/15/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

8516

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gambrills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barbie X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) (Last) Johnson
4. DATE OF DEATH (Month) 8 (Day) 14 (Year) 1953
5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH ?
9. AGE last birthday App. 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ?
17. INFORMANT AND ADDRESS ?

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

825 X Immediate cause (a) Compound. Fracture Skull.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture. Femur Left.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) (COUNTY) Arco (STATE) MD
TIME OF INJURY (Month) 8 (Day) 14 (Year) 53 (Hour) P m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Auto Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED 8/14/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-1-1953
NAME OF CEMETERY OR CREMATORY Mt Auburn
LOCATION (City, town, or county) Balto. (State) Md

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR William Leisent - 108 W Wash. St. Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 6hrs-50min
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Annapolis, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 15 College Creek Terrace

3. NAME OF DECEASED: (Type or Print) (First) Baby Boy (Middle) KIDD (Last)

4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Neg

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Aug 26 1953

9. AGE last birthday: 00 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 6 — Min. 50

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): — —

10b. KIND OF BUSINESS OR INDUSTRY: — — —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oscar KIDD

14. MOTHER'S MAIDEN NAME: Gemina P. Pinkney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: — — —

17. INFORMANT & ADDRESS: (Mother) 15 College Creek Terrac, Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 776X — (a) Immaturity with Prematurity # 774 — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) ..... — DUE TO

(c)

Interval Between Onset And Death: 6 hrs 50m

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — — — — — —

19a. DATE OF OPERATION: — — — — —

19b. MAJOR FINDINGS OF OPERATION — — — — — — —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — — —

(CITY OR TOWN) Annapolis (COUNTY) AA (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? — — — — — — — — —

22. I hereby certify that I attended the deceased from Aug 26 ..., 1953..., to Aug 26 ....., 19 53, that I last saw the deceased alive on Aug 26, 19 53, and that death occurred at 2:00 PM, from the causes and on the date stated above.

SIGNATURE W. I. Neikirk — (Degree or title) W.I. NEIKIRK, LCDR, MC, USN — ADDRESS USNH, Annapolis, Maryland — DATE SIGNED Aug 26, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8-28-53 — NAME OF CEMETERY OR CREMATORY Brewer Hill — LOCATION (City, town, or county) Annapolis, Md. (State)

DATE REC'D BY LOCAL REGISTRAR August 29, 1953 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR William Reese, II — ADDRESS 108 W. Washington St. Annapolis, Md.

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AUG 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1. PLACE OF DEATH:
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville X
LENGTH OF STAY (in this place): 8 yrs. 11 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockspring, Maryland
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Kinslow

4. DATE OF DEATH: (Month) 8 (Day) 21 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10/07/07

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR, Months — Days — IF UNDER 24 HRS., Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Frank Kinslow

14. MOTHER'S MAIDEN NAME: Bessie Kinslow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 062X — (a) Tbc of Lungs — DUE TO — Interval Between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) — DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1/53, 19 , to 8/21/ , 19 53, that I last saw the deceased alive on 8/21, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold M. Eichert M.D. — ADDRESS: Crownsville, Md. — DATE SIGNED: 8/21/53

23. BURIAL, CREMATION, REMOVAL (Specify): X — DATE THEREOF: 23 AUG 53 — NAME OF CEMETERY OR CREMATORY: WOODLAWN — LOCATION (City, town, or county) (State): WASH D.C.

DATE REC'D BY LOCAL REGISTRAR: 5-23-53 — REGISTRAR'S SIGNATURE: K M Joel

24. FUNERAL DIRECTOR: W.E. SARVIS Co — ADDRESS: 1432 You ST NW, WASH DC

By Leo G Hall

A-47

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AUG 28 1953
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Baby Boy KOSTKOWSKI

4. DATE OF DEATH: (Month) (Day) (Year) AUGUST 28, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 28, 53

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 0, Days 0, Hours 10, Min. 50 IF UNDER 24 HRS.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Raymond Kostkowski

14. MOTHER'S MAIDEN NAME: Gertrude Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ---
(If Yes, give war or dates of service) ----

16. SOCIAL SECURITY No.: -----

17. INFORMANT & ADDRESS: Raymond Kostkowski Father same as # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4

Immediate cause (a) Congenital Heart Disease — Interval Between Onset And Death: 12 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Prematurity — Interval Between Onset And Death: 12 hrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Aug 1953, to 28 Aug, 1953, that I last saw the deceased alive on 28 Aug, 1953, and that death occurred at 8:00 PM, from the causes and on the date stated above.

SIGNATURE John D. Walker (Degree or title) MD — ADDRESS Carroll Hall, Annapolis — DATE SIGNED 29 Aug 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 29, 53 — NAME OF CEMETERY OR CREMATORY Our Lady of the Fields — LOCATION (City, town, or county) (State) Millersville, Maryland

DATE REC'D BY LOCAL REGISTRAR August 29, 1953 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR Ben L. Hopping and Son — ADDRESS Annapolis, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Clark's Restaurant-Odenton, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George Meade
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) DONALD (Middle) N. (Last) LASSITER

4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Feb. 3, 1933

9. AGE last birthday: 20 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Northampton County, N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clator Lassiter

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: U. S. Army Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

98/X

Immediate cause (a) Multiple gunshot wounds of chest

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY restaurant — (CITY OR TOWN) Odenton — (COUNTY) Anne Arundel — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 27 11:00 A.M. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Shot during altercation

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE R. H. Fisher — (Degree or title) — ADDRESS Chief. Med. Exam.-700 Fleet St.-Balto., Md. — DATE SIGNED 8/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): removal — DATE THEREOF 8/29/53 — NAME OF CEMETERY OR CREMATORY Weldon — LOCATION (City, town, or county) (State) Weldon, North Carolina

DATE REC'D BY LOCAL REG. August 29, 1953 — REGISTRAR'S SIGNATURE R.W. — 24. FUNERAL DIRECTOR Wm. Cook Inc., — ADDRESS 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

1. PLACE OF DEATH:

COUNTY: Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City 00-01

STREET ADDRESS (If rural give location): 909½ Linholt Street

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH:	(Month)	(Day)	(Year)
	Hamp		Livingston		8	11	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	married	5/14/1901	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Train Worker		Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Livingston	Addie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
unk.		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

025X

Immediate cause (a) ..... General Paresis ..... known to us since 11/26/51

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) .....

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 2/1/53, 19 ....., to 8/11 ....., 19 53 that I last saw the deceased alive on 8/11 ....., 19 53, and that death occurred at 1:35 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arnold H. Eibert	M.D.	Crownsville, Md.	8/11/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 7/53	Mt Calvary	Baltimore	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
AUG 13 REC'D		Vic Brooks Ruggold	1463 N. Carey St

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Annapolis Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Henrietta (Middle) Macey (Last)

4. DATE OF DEATH (Month) Aug. (Day) 22 (Year) 1953

5. SEX F.

6. COLOR OR RACE Colored.

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Widowed

8. DATE OF BIRTH Dec. 31 - 1879

9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Gambrills, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Harrod

14. MOTHER'S MAIDEN NAME Henrietta Queen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mr. Wm. A. Brown - son.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) General Arterio Sclerosis

Antecedent cause (3) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 27

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE Gustave H. Faubert M.D. (Degree or title) Deputy Medical Examiner ADDRESS Glen Burnie, Md. DATE SIGNED 8/22/53

23. CREMATION MOVAL (Specify) Burial DATE THEREOF 8-26-53 NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem LOCATION (City, town, or county) A. A. Co. (State) Md.

DATE RECD BY LOCAL REG. 8-24-53 REGISTRAR'S SIGNATURE A.W. Hedrich dmr.

24. FUNERAL DIRECTOR Samuel W. Sullivan Jr. ADDRESS Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1 PLACE OF DEATH: COUNTY ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESAPEAKE BAY — RURAL X — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY ANNE ARUNDEL
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS X
STREET ADDRESS (If rural give location) 1501 WEST STREET

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Andrew (Last) MATHER

4. DATE OF DEATH: (Month) AUGUST (Day) 19 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: CAUCASIAN

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 23 JUNE 1923

9. AGE Last birthday: 30 yrs. — IF UNDER 1 YEAR: Months — IF UNDER 24 HRS.: Days / Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): LT USN

10b. KIND OF BUSINESS OR INDUSTRY: U.S. NAVY

11 BIRTHPLACE (State or foreign country): TRENTON, NEW JERSEY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clarence (n) MATHER

14. MOTHER'S MAIDEN NAME: Deceased

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Navy records, U.S. Naval Academy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — 860.8
(a) DROWNED (N990) — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) ACCIDENT TO PERSONNEL IN MILITARY AIRCRAFT (E860) — DUE TO
(c)

Interval Between Onset And Death: (a) — (b) -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ACCIDENT

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) CHESAPEAKE BAY

(CITY OR TOWN) (COUNTY) (STATE) CHESAPEAKE BAY, ANNE ARUNDEL, MARYLAND

TIME OF INJURY (Month) (Day) (Year) (Hour) AUG 19, 1953 3 p.m.

INJURY OCCURED While at Work X — Not While At Work ☐

HOW DID INJURY OCCUR? Pilot of airplane which crashed in bay.

22. I hereby certify that I attended the deceased from ....., 19 ..., to ....., 19 ..., that I last saw the deceased alive on ....., 19 ..., and that death occurred at ....., from the causes and on the date stated above.

Dead upon removal from submerged airplane.

SIGNATURE K.F. MENK, LT MC USNR (Degree or title) — ADDRESS U.S. Naval Hospital, Annapolis, Md. — DATE SIGNED 8/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF Aug. 20, 1953 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR August 20, 1953 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS Soudheim Funeral Home, 1902 Eutaw Place Baltimore - 17, Md.

RECEIVED
AUG 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 27

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Geo. G. Meade X
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kentucky COUNTY Jefferson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Louisville ✓
STREET ADDRESS (If rural, give location) 1110 Central Ave

3. NAME OF DECEASED (Type or Print) (First) Earl (Middle) S. (Last) Mattingly
4. DATE OF DEATH (Month) August (Day) 17 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 14 July 1884
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician (Retired)
10b. KIND OF BUSINESS OR INDUSTRY Railroader
11. BIRTHPLACE (State or foreign country) Garfield, Kentucky
12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME Charles A. Mattingly
14. MOTHER'S MAIDEN NAME Ella Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 704-03-5173
17. INFORMANT AND ADDRESS WOJG Earl A. Boyd Hqs, 2 5ord ASU, Ft. Geo. G. Meade, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44 X Immediate cause (a) Cardio Vascular Disease with Hypertension — INTERVAL BETWEEN ONSET AND DEATH 5 Yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Pauberdust (Degree or title) Deputy Med Ex. ADDRESS Glen Burnie, Md. DATE SIGNED 17 Aug 53

CREMATION (Specify) Burial DATE THEREOF NAME OF CEMETERY OR CREMATORY Hensley Cemetery LOCATION (City, town, or county) Hensley (State) Kentucky

DATE REC'D BY LOCAL REG. 17 Aug 53 REGISTRAR'S SIGNATURE T. A. Gordon T. A. GORDON CWO USA FUNERAL DIRECTOR Lilly & Zeiler ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 19 1953
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rock Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1212 W. 39th Street

3. NAME OF DECEASED (Type or Print) (First) RUSSELL (Middle) C. (Last) MILLER

4. DATE OF DEATH (Month) August (Day) 25 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec 13 1909
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward A. Miller.
14. MOTHER'S MAIDEN NAME Renis L. Miller.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Edward A. Miller.1212 W.37th St/

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

927.8 Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic alcoholism

322.1 (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Creek
(CITY OR TOWN) (COUNTY) (STATE) Rock Creek, Pasadena, Anne Arundel, Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Found: 8/25/53 8:30 A.m.
INJURY OCCURRED While at work [ ] Not while at work [X]
HOW DID INJURY OCCUR? Found floating in creek

22. *I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE Joseph A. Jachimczyk (Degree or title) M.D. ADDRESS 700 Fleet Street, Baltimore, Md. DATE SIGNED 8/25/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 27/53
NAME OF CEMETERY OR CREMATORY St. Mary's Hampden
LOCATION (City, town, or county) (State) 3900 Roland Ave Md

DATE REC'D BY LOCAL REG. 8/27/53
REGISTRAR'S SIGNATURE R. W. Hedrick M.H.
24. FUNERAL DIRECTOR Austin E. Donovan
ADDRESS 3818 Roland Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07713

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — LENGTH OF STAY (in this place): 15
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — 15
STREET ADDRESS (If rural give location): Sandy Oak Parole

3. NAME OF DECEASED: (Type or Print) (First) EDGAR (Middle) C. (Last) MITCHELL

4. DATE OF DEATH: (Month) Aug. (Day) 10 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 2, 1870

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Guard

10b. KIND OF BUSINESS OR INDUSTRY: Annapolis Yacht Yd

11. BIRTHPLACE (State or foreign country): Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknow Mitchell

14. MOTHER'S MAIDEN NAME: Mary (Unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Mrs. Susie L. Mitchell Above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Thrombosis — Sudden

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Heart Disease — 3 years

DUE TO

(c) Generalized Arteriosclerosis — 5 years

420.0

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intestinal Grippe — 5 days

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1953, to Aug 10, 1953, that I last saw the deceased alive on Aug 10, 1953, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

George C. Bozel M.D. Annapolis Md. Aug. 11-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/13/53 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR: 8/12/53 — REGISTRAR'S SIGNATURE: A. W. Hendrick

24. FUNERAL DIRECTOR — ADDRESS: Wm. J. Tucker & Son Inc. Balto Md

JT

Christoff

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 15
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
STREET ADDRESS (If rural give location) 195 Main ~~[illegible]~~ St.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Dorsey (Last) Moss

4. DATE OF DEATH: (Month) 8 (Day) 9 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: 8/24/1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Daniel W. Dorsey
14. MOTHER'S MAIDEN NAME: Elizabeth Redmond

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs. Josephine Coe Bay Ridge, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
181X
Immediate cause (a) Heart failure — immediate
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma Bladder
DUE TO
(c) extension —

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/19/53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Bladder extension involvement Rt ureter.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1952 to 8/9, 1953, that I last saw the deceased alive on 8/7, 1953 and that death occurred at 3:30 pm 8/9/53 from the causes and on the date stated above.
SIGNATURE (Degree or title) J. M. Christoff J. MD
ADDRESS 69 Franklin — Annapolis
DATE SIGNED 8/10/53

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 8/12/53
NAME OF CEMETERY OR CREMATORY St. Mary's
LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 11, 1953
REGISTRAR'S SIGNATURE [illegible] — O. Trunch
24. FUNERAL DIRECTOR John M. Taylor Sons
ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 13 1953
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 10
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen'l. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis (6 mos) 10
STREET ADDRESS (If rural give location) 207 Claude St

3. NAME OF DECEASED: (Type or Print) (First) J. (Middle) HOWARD (Last) MUHL

4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: May 4 1886
9. AGE Last birthday: 67 yrs. If UNDER 1 YEAR Months / Days; If UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Barber (Ret'd)
10b. KIND OF BUSINESS OR INDUSTRY: Own Barber shop
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) –
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs Ethel L Carle (Same)

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cardio-Resp failure	20 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) metastatic involvement to sacrum and groin	8 months
	DUE TO (c) Bronchogenic Carcinoma,	8 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1953, to Aug 17, 1953, that I last saw the deceased alive on Aug 17, 1953, and that death occurred at 9 25 A.M., from the causes and on the date statcd above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Merton T. Waite M.D. 56 SouthGate Ave. Annapolis, Md. Aug 17, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Wed Aug 19, 1953
NAME OF CEMETERY OR CREMATORY Loudon Park Cem
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 1953
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR A. Howard Evans
ADDRESS 1400 So Charles St Balto 30 Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 6 mos. 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Baltimore City
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 1926 Brunt Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) (Last) Murdock
4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated
8. DATE OF BIRTH: 11/1/75
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unk.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Murdock
14. MOTHER'S MAIDEN NAME: Martha Murdock

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — —
16. SOCIAL SECURITY No.: — — — — —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 X

Immediate cause (a) Terminal Bronchopneumonia
DUE TO Generalized and Cerebral Arteriosclerosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death 7/31/53

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome associated with Generalized and Cerebral Arteriosclerosis Known to us since

19a. DATE OF OPERATION: — — — — — —
19b. MAJOR FINDINGS OF OPERATION — — — — — — — — — — — — — — — — — —
20. AUTOPSY 7/27/53 Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — — — — — —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — — — — —
(CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — — — — — —
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — — — — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? — — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 2/1, 1953, to 8/16, 1953, that I last saw the deceased alive on 8/16, 1953 and that death occurred at 4:05 p.m., from the causes and on the date stated above.

SIGNATURE Arnold H. Eifert (Degree or title) M.D.
ADDRESS Crownsville, Md.
DATE SIGNED 8/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-27-1953
NAME OF CEMETERY OR CREMATORY Brewer Hill
LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 29, 1953
REGISTRAR'S SIGNATURE K M [signature]
24. FUNERAL DIRECTOR William Reese, 4-108 N. Washington St. Annapolis, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

RECEIVED
SEP 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ..

1. PLACE OF DEATH:
COUNTY Ht Romeel — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN CROWNSVILLE X — LENGTH OF STAY (In this place) 3½ mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City — O 1-4
STREET ADDRESS 23 N. EDEN (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) (Last) MURPHY

4. DATE OF DEATH: (Month) 8 - (Day) 29 - (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: 7-24-1890

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: LONG SHOREMAN

10b. KIND OF BUSINESS OR INDUSTRY: MARINE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? AMERICA

13. FATHER'S NAME: Wm Murphy

14. MOTHER'S MAIDEN NAME: Mary Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) H — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S NAME & ADDRESS: Wife 1729 Washington St. Apt. 1, Baltimore City

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4478 Immediate cause	(a) ACUTE CONGESTIVE FAILURE	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) HYPERTENSIVE - ARTERIOSCLEROSIS	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 - 13 ..., 1953, to 8 - 29 ..., 1953, that I last saw the deceased alive on 8 - 29, 1953, and that death occurred at 3:30 a.m.; from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold N. Eichert M.D — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept 1 53 — NAME OF CEMETERY OR CREMATORY Mt Calvary Cem. — LOCATION (City, town, or county) (State) Balt. County Md.

DATE REC'D BY LOCAL REGISTRAR 9/1/53 — REGISTRAR'S SIGNATURE W W Hedrick

24. FUNERAL DIRECTOR — ADDRESS Bro Robert A. Ernst & Augustus 1129 N. Carlton St.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Hgts — LENGTH OF STAY (in this place) 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 405 Townsend Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Hgts. Brooklyn Md
STREET ADDRESS (If rural, give location) 405 Townsend Ave.

3. NAME OF DECEASED (Type or Print): (First) Peter (Middle) (Last) Muth

4. DATE OF DEATH: (Month) (Day) (Year) 8-30-53 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 27, 1897

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY: Meat Packing

11. BIRTHPLACE (State or foreign country): Buchrest, Romania

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Peter

14. MOTHER'S MAIDEN NAME: Barbara Mitchael

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-05-2432

17. INFORMANT AND ADDRESS: Marie A. Muth 405 Townsend Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial disturbance — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary thrombosis — 1 yr

(c) Arteriosclerosis — 2 yrs

151X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1 53, to Aug 30 53, that I last saw the deceased alive on Aug 30 53, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

A. A. Muth M.D. 800 W. Patapsco Ave. Balto. Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9-2-53

NAME OF CEMETERY OR CREMATORY: Holy Redeemer

LOCATION (City, town, or county) (State): Balto. - Md.

DATE REC'D BY LOCAL REG.: 9/1/53

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Frank Cook & Son — ADDRESS: 900 N Chester St.

JJ

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gibson Island X | LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mountain Bar Point X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 351 Dennison Street

3. NAME OF DECEASED (Type or Print): (First) ADOLPH (Middle) J. (Last) NIESSNER
4. DATE OF DEATH: (Month) August (Day) 31 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 16, 1911
9. AGE last birthday: 42 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Structural Steel Worker
10b. KIND OF BUSINESS OR INDUSTRY: Steel Construction
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph Niessner
14. MOTHER'S MAIDEN NAME: Ann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War?
16. SOCIAL SECURITY NO.: 217-01-2766
17. INFORMANT AND ADDRESS: Mrs. Isabelle Niessner-351 Denison St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9214

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Water | (CITY OR TOWN): Gibson Island | (COUNTY): Anne Arundel | (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 31 8:15 P m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Drowned while swimming

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* __, *Inquiry* __ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* { } *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Joseph A. Jachimczyk Assistant Med. Examiner-700 Fleet St.-Balto., Md. 9/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9/5/53 | NAME OF CEMETERY OR CREMATORY: New Cathedral Cem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 9-2-53 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR — ADDRESS

Wm. J. Tickner & Sons Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry Parker (Last)

4. DATE OF DEATH: (Month) 8 (Day) 20 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1900?

9. AGE last birthday: 53? yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: — — —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Parker

14. MOTHER'S MAIDEN NAME: Ella Parker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — — —

16. SOCIAL SECURITY NO.: — — — —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Generalized Arteriosclerosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) — DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental Deficiency - Imbecile

Known to us since 5/12/50.

19a. DATE OF OPERATION: — — — —

19b. MAJOR FINDINGS OF OPERATION — — —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — — —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — — —

(CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — — — — — —

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 2/1 ,19 53, to 8/20 , 19 53, that I last saw the deceased alive on 8/20 , 19 53, and that death occurred at 12:15 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichel M.D. ADDRESS Crownsville, Md. DATE SIGNED 8/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 8/21/53 | NAME OF CEMETERY OR CREMATORY Browns Chapel | LOCATION (City, town, or county) Calvert Co (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 8-20-53 | REGISTRAR'S SIGNATURE F. M. Joe

24. FUNERAL DIRECTOR ADDRESS P.E. Jewell Prince Frederick Md

VS 415

RECEIVED
AUG 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie X
LENGTH OF STAY (In this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS I05 Oaklane X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same COUNTY F
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same X
STREET ADDRESS (If rural, give location) Same

3. NAME OF DECEASED (Type or Print) (First) John Aaron (Middle) Parkinson (Last)

4. DATE OF DEATH (Month) (Day) (Year) Aug. 25-1953 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5/29/04
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hours Hours M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineman Experimental Station.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Annapolis.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Parkinson
14. MOTHER'S MAIDEN NAME Rose Linthicum
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. Navy (If yes, give war or dates of service) 30 years
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs. Mary Parkinson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above held an Autopsy , Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X , accident , suicide , homicide , undetermined .*

SIGNATURE [signature] (Degree or title) Deputy Medical Examiner ADDRESS Glen Burnie Md. DATE SIGNED 8/25/53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of especially important. Physicians: please write the causes of death clearly and legibly.

1

MODE OF DISPOSAL: Burial ~~Cremation~~ (Specify)
DATE THEREOF August 28 1953
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. August 27, 1953
REGISTRAR'S SIGNATURE L. J. D'Alba
24. FUNERAL DIRECTOR John M. Taylor & Sons ADDRESS Annapolis, Md.

RECEIVED
SEP 2 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena (Rural) X
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 6 Box 510 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena (Rural) X
STREET ADDRESS (If rural give location) Route 6 Box 510

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) Merlyn (Last) Plummer

4. DATE OF DEATH: (Month) August (Day) 14 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Dec. 3, 1919
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Orange Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry A. Sexton
14. MOTHER'S MAIDEN NAME: Lillie E. MacArthur

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Severe Plummer Pasadena P.O.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X

Immediate cause (a) Infiltrating Carcinoma Duct left breast breast

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) c̄ Metabase to Liver

DUE TO

(c)

Interval Between Onset And Death: 6 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 1953, to 8/14, 1953, that I last saw the deceased alive on 8/14, 1953 and that death occurred at 6:10 pm, from the causes and on the date stated above.

SIGNATURE J. Selph G. L. Cook Arts Mo (Degree or title) ADDRESS 679 Washington Blvd Balto Md DATE SIGNED 8/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 17, 1953
NAME OF CEMETERY OR CREMATORY Balto. Natl. Cem.
LOCATION (City, town, or county) Baltimore (State) Md.
DATE REC'D BY LOCAL REGISTRAR Aug 17, 1953
REGISTRAR'S SIGNATURE L. J. D'Alba
24. FUNERAL DIRECTOR Richard P. Singleton
ADDRESS Sh. Burgess Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0772

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian X X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Phillip (Middle) D. (Last) RANDALL.
4. DATE OF DEATH (Month) 8 (Day) 31 (Year) 1953
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH 7-18-1885
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) A. A. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Stephen Randall
14. MOTHER'S MAIDEN NAME Mary E. Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Blanche Randall Lothian, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .*

SIGNATURE Edwin Ruedt (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED 8/31/53

21. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-5-1953
NAME OF CEMETERY OR CREMATORY Mt. Zion
LOCATION (City, town, or county) Lothian (State) Md.

DATE REC'D BY LOCAL REG. Sept 4, 1953
REGISTRAR'S SIGNATURE Elsie West Williams
24. FUNERAL DIRECTOR William Reese, II - 108 N. Washington St. Annapolis, Md. ADDRESS

mnb.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 25 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. Baltimore City — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 1503 E. Preston St.

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) (Last) Robinson

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10-25-1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clothing

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Packer George Robinson

14. MOTHER'S MAIDEN NAME: Anna E. Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: Crownsville State Hosp. Crownsville

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Generalized Arteriosclerosis — Interval Between Onset And Death: 25 Days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) DUE TO:
(c) Periurethral Abscess

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 5, 1953, to Aug. 30, 1953, that I last saw the deceased alive on Aug. 29 1953, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE Arnold N. Eichert (Degree or title) M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 2-53 — NAME OF CEMETERY OR CREMATORY: Mt. Auburn — LOCATION (City, town, or county) (State): Balto

DATE REC'D BY LOCAL REGISTRAR: 8/31/53 — REGISTRAR'S SIGNATURE: A. W. Heinsohn

24. FUNERAL DIRECTOR: James A. Hayes — ADDRESS: 638 Gilmor St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G Meade X
LENGTH OF STAY (In this place) 11/12
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Northampton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethlehem
STREET ADDRESS (If rural, give location) 1107 Marvine St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE DEATH	(Month)	(Day)	(Year)
	Herman	J.	Seigfeldt		August	7	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	28 March 1915	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soldier	US Army	Pennsylvania	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Milton Seigfeldt	Mary Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	1941-1953	*	Mary Seigfeldt, 1107 Marvine, Bethlehem, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
516X Immediate cause	(a) Cardiac Arrest	20 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Exploratory thoracotomy	90 min
	(c) Chronic shock from pulmonary hemorrhage Chronic bronchial disease	4 days 2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic bilateral bronchiectasis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7 August 1953	Not completed due to cardiac arrest	Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
-	-	-	-	

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
-			m.		-

22. I hereby certify that I attended the deceased from 23 July, 1953, to 7 August, 1953, that I last saw the deceased alive on 7 August, 1953, and that death occurred at 1150 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Donald R. Watkins			
DONALD R WATKINS	Capt MC	(MD) US Army Hospital, Fort Geo.G. Meade, Md	8 Aug 53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	8 August 1953	Holy Saviour Cemetary	Bethlehem	Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8 Aug 53	William J. Compton Capt, MSC	WILLIAM COOK, INC	BALTIMORE, MD.

VS. A15

RECEIVED
AUG 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups, LENGTH OF STAY (in this place) 38 yrs - 4
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BARBARA (Middle) (Last) SELLNER

4. DATE OF DEATH: (Month) Aug. (Day) 31 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 16, 1882

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? Germany ?

13. FATHER'S NAME: Matthew Rosenbaum

14. MOTHER'S MAIDEN NAME: Barbara Punzelt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) –
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Henry Sellner - Jessups, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral Haemmrhage - — Interval between onset and death: 8 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hypertensive Cardio-Vas. Disease — 3 yr.
(c) Cerebral Haemmrhage - 3 yrs. ago.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 23rd 1953 to Aug. 31st 1953, that I last saw the deceased alive on Aug 31st 1953, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Indra Shipley, M.D. Savage, Md. 8/31/53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 9/2/53

NAME OF CEMETERY OR CREMATORY: St. Lawerence Cem.

LOCATION (City, town, or county) (State): Jessups, Md.

DATE REC'D BY LOCAL REG.: 9/1/53

REGISTRAR'S SIGNATURE: A W Redmond

24. FUNERAL DIRECTOR: Wm. J. Sichner & Sons ADDRESS: Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY A. A. Co. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | MARYLAND LENGTH OF STAY (In this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park | STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Simms

4. DATE OF DEATH: (Month) 8 (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 7-9-1910

9. AGE last birthday: 43 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairyman

10b. KIND OF BUSINESS OR INDUSTRY: Annapolis Dairy

11. BIRTHPLACE (State or foreign country): Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Simms

14. MOTHER'S MAIDEN NAME: Elizabeth Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-05-0691

17. (INFORMANT): Sherman Simms

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemotoma Cerebro Cortex Right

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Perforated Sigmoid Diverticulitis (c) Paralized Pelvic Peritonitis

INTERVAL BETWEEN ONSET AND DEATH: (a) / (b) 44 hrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway | (CITY OR TOWN) A. A. Co. | (COUNTY) | (STATE) Md

TIME OF INJURY (Month) 8 (Day) 7 (Year) 53 (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Auto Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) MD | ADDRESS Annapolis Md | DATE SIGNED 8/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 8-12-1953 | NAME OF CEMETERY OR CREMATORY Brewer Hill | LOCATION (City, town, or county) Annapolis | (State) Md

DATE REC'D BY LOCAL REG. 8/12/53 | REGISTRAR'S SIGNATURE A. W. Hankins | 24. FUNERAL DIRECTOR William Reese Jr | ADDRESS 108 W. Washington St. Annapolis, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVIERA BEACH
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 54 ASBURY ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVIERA BEACH
STREET ADDRESS (If rural give location) 54 ASBURY ROAD

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) ALBERT (Last) SMITH

4. DATE OF DEATH: (Month) August (Day) 14 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JUNE 20, 1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RET. BUYER & SALES MANAGER

10b. KIND OF BUSINESS OR INDUSTRY: PERFECTION LAMP Co.

11 BIRTHPLACE (State or foreign country): MOROCO, INDIANA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: LOUIS SMITH

14. MOTHER'S MAIDEN NAME: EUNICE

15 WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: BERTHA SMITH, 54 ASBURY RD., RIVIERA BEACH

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221

Immediate cause (a) ..... Degenerative Cardio Vascular Disease — Interval Between Onset And Death: 5 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ..... Arteriosclerotic Cardio Vascular Disease — 10 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/21., 1953, to 8/14., 1953, that I last saw the deceased alive on 8/12., 1953 and that death occurred at 9:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Brady Smith M.D. Riviera Beach, Md. 8/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 8/17/53

NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery

LOCATION (City, town, or county) (State) Anne Arundel Co., Md.

DATE REC'D BY LOCAL REGISTRAR August 15 1953

REGISTRAR'S SIGNATURE R.N.

24. FUNERAL DIRECTOR Wm. Cook, Inc.

ADDRESS 1217 St. Paul St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jones Station X
MARYLAND
LENGTH OF STAY (in this place): ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie Highway X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (Parole) Annapolis X
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Jacob (Last) Smith

4. DATE OF DEATH: (Month) Aug (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-1-1893

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Anne Arundel Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Smith

14. MOTHER'S MAIDEN NAME: Mary Ann Standmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

8/12 X Immediate cause (a) Fracture of skull. Comm. Comp. fractures — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) of left tibia and fibula. Fracture of left

(c) humerus. Multiple lacerations.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. FATAL INJURY WAS: PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Ritchie Highway (CITY OR TOWN) Jones Station, A.A. (COUNTY) Md. (STATE)

TIME OF INJURY: (Month) 8/19/53 (Day) (Year) (Hour) 6 P.M. m.

INJURY OCCURRED: While at work ☐ Not while at work X

HOW DID INJURY OCCUR? Hit by an automobile.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident X suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: Gustave H. Faulenbach (Degree or title): Deputy Medical Examiner. ADDRESS: Glen Burnie, Md. DATE SIGNED: 8/19/53

CREMATION / BURIAL (Specify): Burial DATE THEREOF: 8-22-53 NAME OF CEMETERY OR CREMATORY: Fowlers LOCATION (City, town, or County) (State): West Dale, Md.

DATE REC'D BY LOCAL REG.: August 22, 1953 REGISTRAR'S SIGNATURE: [illegible] U. Funeral

24. FUNERAL DIRECTOR: Stidham Keeper ADDRESS: 108 N. Washington St. Annapolis, Md.

VS. A-6A

RECEIVED
AUG 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH:
COUNTY: ANNE ARUNDEL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ANNAPOLIS — LENGTH OF STAY (in this place): 20 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: ANNE ARUNDEL
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ANNAPOLIS
STREET ADDRESS (If rural give location): 8 MC KENDREE AVENUE

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) STEINHAGEN

4. DATE OF DEATH: (Month) AUG (Day) 25 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: CAUCASIAN

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 10 APR 1938

9. AGE last birthday: 15 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): California

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul W. STEINHAGEN

14. MOTHER'S MAIDEN NAME: Cecilia RUBURY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): - -

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT & ADDRESS: Hospital records, USNH, Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

936.6

Immediate cause — (a) SUBDURAL HEMORRHAGE FOLLOWING INJURY (with contusion)

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b)

DUE TO

(c)

Interval Between Onset And Death: 20 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-25-53

19b. MAJOR FINDINGS OF OPERATION: Intracranial hemorrhage and contusions

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ACCIDENT

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): School

(CITY OR TOWN) (COUNTY) (STATE): ANNAPOLIS, ANNE ARUNDEL, MARYLAND

TIME OF INJURY (Month) (Day) (Year) (Hour): 8-24-53 7:50 p m.

INJURY OCCURED While at Work [ ] Not While At Work [X]

HOW DID INJURY OCCUR? Football practice scrimmage

22. I hereby certify that I attended the deceased from 24 AUG, 1953, to 25 AUG, 1953, that I last saw the deceased alive on 25 AUG, 1953, and that death occurred at 4:45 PM, from the causes and on the date stated above.

SIGNATURE: K.F. MENK, LT MC USNR — (Degree or title) — ADDRESS: U.S. Naval Hospital, Annapolis, Md. — DATE SIGNED: 8-25-53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) — DATE THEREOF: 8/28/53 — NAME OF CEMETERY OR CREMATORY: U.S. NAVAL ACADEMY — LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REGISTRAR: August 27, 1953 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: John M. Taylor & Sons, Annapolis, Md.

RECEIVED
AUG 28 1953
BUREAU V. S.

1151

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Ga
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenburnie
MARYLAND
LENGTH OF STAY (In this place): X 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 701 S. Crain Highway

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie X
STREET ADDRESS (If rural, give location): 701 Crain Highway, S. E.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) (Last) Stevens
4. DATE OF DEATH: (Month) Aug (Day) 18 (Year) 1953
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5/22/88
9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipfitter - (Ret.)
10b. KIND OF BUSINESS OR INDUSTRY: U.S.
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Noah Stevens
14. MOTHER'S MAIDEN NAME: Mary Zepp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 212-10-9193
17. INFORMANT: Mrs. Mary Stevens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
33/X Immediate cause	(a) Cerebral Hemorrhage	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis	2-3 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy & retention — 2 week

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24/53, 19....., to 8/18/53, 19....., that I last saw the deceased alive on 8/18/53, 19....., and that death occurred at 11:05 A m., from the causes and on the date stated above.

SIGNATURE: Chas. L. Ball Jr. (Degree or title)
ADDRESS: Linthicum Md.
DATE SIGNED: 8/18/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug 21, 1953
NAME OF CEMETERY OR CREMATORY: Glen Haven
LOCATION (City, town, or county) (State): Glen Burnie, Md.
DATE REC'D BY LOCAL REG.: August 21, 1953
REGISTRAR'S SIGNATURE: L. J. Dalba
24. FUNERAL DIRECTOR: R. P. Singleton
ADDRESS: Glen Burnie, Md.

RECEIVED
AUG 24
BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) C (Last) Stump

4. DATE OF DEATH: (Month) 8 (Day) 30 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 3-24-1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Watchmaker

10b. KIND OF BUSINESS OR INDUSTRY: W & Clock.

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Milton Franklin Stump

14. MOTHER'S MAIDEN NAME: Francis E Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Maurice Stump Salem Va

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: 2 Hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Heart Disease — Unknown

DUE TO

(c)

420.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Aug 1953, to 30 Aug 1953, that I last saw the deceased alive on 30 Aug 1953 and that death occurred at 8:25 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward A Beck MD ADDRESS 41 Southgate Ave DATE SIGNED 8-31-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 9-1-53 NAME OF CEMETERY OR CREMATORY Salem Va LOCATION (City, town, or county) Salem (State) Va

DATE REC'D BY LOCAL REGISTRAR Sept. 1, 1953 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR John M Tyler & Sons ADDRESS Annapolis, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V5. A15

RECEIVED
SEP 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place) 1; HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Gen. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural give location) 305 N. Linden Ave.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) LEE (Last) TAYLOR

4. DATE OF DEATH: (Month) Aug (Day) 9 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W.

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ ~~(Specify)~~:

8. DATE OF BIRTH: Nov. 3, 1877

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): A. A. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Wheeler

14. MOTHER'S MAIDEN NAME: Capitola Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Geo. F. Cadell 305 N. Linden Ave Annapolis Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Hypernephroma left Kidney	1 year
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Generalized Arteriosclerosis DUE TO	3 years
	(c) DUE TO	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension	5 years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to Aug 9, 1953, that I last saw the deceased alive on Aug 9, 1953, and that death occurred at 5:45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) George C Braid M. D. ADDRESS Annapolis Md DATE SIGNED 8. 10. 53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Aug 12 1953 NAME OF CEMETERY OR CREMATORY Mayo Memorial LOCATION (City, town, or county) A. A. Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 11, 1953

REGISTRAR'S SIGNATURE J. J. O'Donnell

24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

RECEIVED
AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Severn River-near New Severn River Bridge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 113 West Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES		TERRY	Aug. 30, 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Colored	M	11/5/1899	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pipefitter	Gas Company	Georgia	

13. FATHER'S NAME: Peter Terry
14. MOTHER'S MAIDEN NAME: Eliza Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Ollie Lockley- 113 W. West

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9271.8
Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(322.0)
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute alcoholism

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY river
(CITY OR TOWN) (COUNTY) (STATE) new Severn River Bridge-Anne Arundel, Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 30 9:50 A.m.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Had been drinking, went swimming and drowned.

22. I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R.H. Fisher	Chief Medical Examiner	700 Fleet St. Balto. 2, Md.	8/31/53

DISPOSITION (BURIAL, CREMATION, REMOVAL, Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/3/53	Mt. Calvary Ct.	A.A. Co., Md.

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	21. FUNERAL DIRECTOR	ADDRESS
9/1/53	A.W. Hedrich	T. L. Brown & Son	108 W. Montgomery St.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Fort - Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 604 2nd St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Fort - Annapolis
STREET ADDRESS (If rural, give location) 604 2nd St.

3. NAME OF DECEASED (Type or Print) (First) JOE (Middle) — (Last) THOMAS
4. DATE OF DEATH (Month) 8 (Day) 17 (Year) 1953

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 2-1-1901
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Bay Ship yard
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-05-1887
17. INFORMANT AND ADDRESS Roland Adams - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary disease — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) AACo (STATE) MD
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. Kinhoff (Degree or Title) MD ADDRESS Annapolis Md DATE SIGNED 8/18/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-21-1953
NAME OF CEMETERY OR CREMATORY Brewer Hill
LOCATION (City, town, or county) Annapolis, Md. (State)

DATE REC'D BY LOCAL REG. August 21, 1953
REGISTRAR'S SIGNATURE [signature] - O. Trench
24. FUNERAL DIRECTOR William Reese, II-108 N. Washington St. Annapolis, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 24
BUREAU V. S.

49

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park X
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mighty Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gambrills X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) John Leonard Thompson
4. DATE OF DEATH (Month) (Day) (Year) Aug. 13 1953

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH 9/28/93
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Prince Georges County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John L. Thompson
14. MOTHER'S MAIDEN NAME Louisa J. Soper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) War I
16. SOCIAL SECURITY NO. 219-16-1722
17. INFORMANT AND ADDRESS Mrs. Evelyn Lloyd (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry X, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident, suicide, homicide, undetermined*

SIGNATURE Gustave H. Faubert M.D. (Degree or title) Deputy Medical Examiner. ADDRESS Glen Burnie, Md. DATE SIGNED 8/13/53

CREMATION (City, State) Burnet
DATE THEREOF August 17, 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Fort Meyer, Virginia

DATE REC'D BY LOCAL REG. Aug. 17, 1953.
REGISTRAR'S SIGNATURE L. J. D'Alba
24. FUNERAL DIRECTOR R. V. Singleton ADDRESS Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important Physicians; please write the causes of death clearly and legibly.

M

1

7

RECEIVED
AUG 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Md.
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis X
STREET ADDRESS (If rural give location) 14 Ridgley Ave

3. NAME OF DECEASED: (Type or Print) (First) Daisy (Middle) E (Last) Vanous

4. DATE OF DEATH: (Month) 8 (Day) 20 (Year) 1953

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 6-19-1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Smith
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Capt W. W. Vanous U.S.N. Ret. Annapolis Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
443X
Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 10 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio-Vascular Disease — 5 yrs.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to Aug. 20, 1953, that I last saw the deceased alive on 8-19-1953, and that death occurred at 2:30 PM, from the causes and on the date stated above.
SIGNATURE James R. Martin (Degree or title) M.D. ADDRESS Annapolis, Md DATE SIGNED 8-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8-23-53 NAME OF CEMETERY OR CREMATORY Hillcrest LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR August 21, 1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1771)

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville X
LENGTH OF STAY (in this place) 18 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Caroline County, Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
STREET ADDRESS (If rural give location) ----

3. NAME OF DECEASED: (Type or Print) (First) Woodrow (Middle) (Last) Warner

4. DATE OF DEATH: (Month) (Day) (Year) August 29, 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Single	Sept. 11, 1922	30 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): --
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fletcher, Warner
14. MOTHER'S MAIDEN NAME: ? Gertrude Costis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unk
17. INFORMANT & ADDRESS: Crownsville State Hosp. Crownsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

025X
Immediate cause (a) Cardio-Vascular disease
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c) General Paresis

Interval Between Onset And Death: 5 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 11, 1952, to Aug. 29, 1953, that I last saw the deceased alive on Aug. 29, 1953, and that death occurred at 7:30 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold N. Sick M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/1/53
NAME OF CEMETERY OR CREMATORY Cookers
LOCATION (City, town, or county) (State) Greensboro Md.

DATE REC'D BY LOCAL REGISTRAR 8-30-53
REGISTRAR'S SIGNATURE K M Jones
24. FUNERAL DIRECTOR J. E. Boulais ADDRESS Greensboro Md.

VS. 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 MARGIN RESERVED FOR BINDING

RECEIVED
SEP 2 1953
BUREAU V. S.

Out of District

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville X
LENGTH OF STAY (in this place) 40 yrs. 28days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Braddock Heights
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) (Last) Whiting
4. DATE OF DEATH: (Month) 8 (Day) 21 (Year) 1953
5. SEX: F
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1878?
9. AGE last birthday: 75? yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Benjamin Whiting
14. MOTHER'S MAIDEN NAME: Eliza Sewell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — — —
16. SOCIAL SECURITY No.: — — — —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis — "

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — — — — —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — — — — —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — — — —
(CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — — — — — — —
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? — — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 10/6, 1953, to 8/21/, 1953, that I last saw the deceased alive on 8/21/, 1953, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stephen E. Kramer M.D. ADDRESS Crownsville, Md. DATE SIGNED 8/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 8/25/53 NAME OF CEMETERY OR CREMATORY University Med School LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REGISTRAR 8-26-53 REGISTRAR'S SIGNATURE Katherine M. Joyce 24. FUNERAL DIRECTOR Frances A Hemsley 578 W Biddle St ADDRESS

8/25/53 L. J. De Alba

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

RECEIVED
AUG
BUREAU V. S.

07744

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A.A.Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Md
LENGTH OF STAY (in this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DELWARE COUNTY 07-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington, Delware
STREET ADDRESS (If rural, give location) 1217 N. Heald, St.

3. NAME OF DECEASED (Type or Print) (First) Doris (Middle) (Last) Williams
4. DATE OF DEATH (Month) 8 (Day) 15 (Year) 53

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 1/26/33
9. AGE last birthday 20 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wilmington, DEL
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter S Williams
14. MOTHER'S MAIDEN NAME Mildred L. Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Mildred Williams (WIL, DEL)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture Skull - (2) Fracture Mandible

825X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bilateral

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) (COUNTY) A.A.Co. (STATE) MD.
TIME OF INJURY (Month) 8 (Day) 14 (Year) 53 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Auto Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. Rinhardt (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED 8/15/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 8/20/53
NAME OF CEMETERY OR CREMATORY Mt. Olive C
LOCATION (City, town, or county) (State) Wilmington, DEL

DATE REC'D BY LOCAL REG. August 16, 1953
REGISTRAR'S SIGNATURE [signature] - O. Trunch
24. FUNERAL DIRECTOR William Reese II ADDRESS 108 W. Washington St. Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07745

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville X
LENGTH OF STAY (in this place) 40yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick Co (only known address)
STREET ADDRESS (If rural give location) 10X-2

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Wood

4. DATE OF DEATH: (Month) Aug (Day) 2 (Year) 1953

5. SEX: Fe
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: ?
9. AGE last birthday: 70? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Chronic Hyocarditis — Interval Between Onset And Death ?

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1953, to Aug 2, 1953, that I last saw the deceased alive on Aug 2, 1953, and that death occurred at 5:45 pm from the causes and on the date stated above.

SIGNATURE Faye W Allen (Degree or title) M.D. ADDRESS 10 Carroll St DATE SIGNED 8-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 7/5/53
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) (State) Balt City Md

DATE REC'D BY LOCAL REGISTRAR 8/5/53
REGISTRAR'S SIGNATURE Katherine M. Joyce L. J. DeAlba Comb.
24. FUNERAL DIRECTOR Frances A Hemsley 578 W Biddle St ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 7 1953
BUREAU V. S.